

APPLICATION DATA SHEET

Application Information

Application Type:: Regular
Subject Matter:: Utility
CD-ROM or CD-R?:: None
Title:: Apparatus and Methods for Guiding a Needle
Attorney Docket Number:: BSC-135DV
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure::
Total Drawing Sheets:: 42
Small Entity?:: No
Secrecy Order in Parent Appl.?:: No

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Unknown
Given Name:: Anthony
Middle Name:: R.
Family Name:: Tremaglio
City of Residence:: Hopkinton
State or Province of Residence:: MA
Country of Residence:: USA
Street of Mailing Address:: 2 McHugh Lane
City of Mailing Address:: Hopkinton
State or Province of Mailing Address:: MA
Country of Mailing Address:: USA
Postal or Zip Code of Mailing Address:: 01748

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Unknown
Given Name:: Michael
Middle Name:: S.H.

Family Name:: Chu
City of Residence:: Brookline
State or Province of Residence:: MA
Country of Residence:: USA
Street of Mailing Address:: 121 Browne Street
City of Mailing Address:: Brookline
State or Province of Mailing Address:: MA
Country of Mailing Address:: USA
Postal or Zip Code of Mailing Address:: 02446

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Unknown
Given Name:: Tim
Middle Name:: E.
Family Name:: Ward
City of Residence:: Bedford
State or Province of Residence:: IN
Country of Residence:: USA
Street of Mailing Address:: R.R. 9 Box 526
City of Mailing Address:: Bedford
State or Province of Mailing Address:: IN
Country of Mailing Address:: USA
Postal or Zip Code of Mailing Address:: 47421

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Division of	09/450,599	11/30/99
09/450,599	An application claiming the benefit under 35 USC § 119(e)	60/131,058	04/26/99
09/450,599	An application claiming the benefit under 35 USC § 119(e)	60/136,291	05/27/99

Correspondence Information

Correspondence Customer Number:: 021323

Representative Information

Representative Customer Number:: 021323

Assignee Information

Assignee Name:: Scimed Life Systems, Inc.
City of Mailing Address:: One Scimed Place
State or Province of Mailing Address:: Maple Grove, Minnesota
Country of Mailing Address:: USA